



YOUTH SERVICES  
DEPARTMENT OF CORRECTIONS

STEVE GIBSON, DIVISION ADMINISTRATOR

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**STATE OF MONTANA**

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[Insert RAOs Address]  
TELEPHONE: (406) [insert phone #]  
FAX: (406) [insert fax #]  
[insert RAOs email address]

[Insert RAOs Name]

**DUNNING LETTER**

[DATE]

[NAME]  
[ADDRESS]  
[CITY/STATE/ZIP]

Dear [Mr / Mrs / Ms]:

On [DATE], the Youth Court ordered you to pay \$[AMOUNT] per month as a contribution toward the cost of care for your [SON/DAUGHTER], [NAME], who was committed to the care of the Department of Corrections/Youth Court. A letter dated [DATE], was mailed to you explaining how to make this payment, the steps you should take if circumstances prevented you from making the payment, and the consequences should you miss a payment or fail to make alternative payment arrangements.

Your payment due [DATE], has not yet been received by this office. Enclosed is a status form indicating the amount currently owed. Please make your payment immediately, or contact me to make alternate payment arrangements.

If payment is not received, or you do not make satisfactory alternative payment arrangements by [DATE], the Department of Corrections will alert the Court of your failure to keep your payments up to date and will take necessary steps to obtain the delinquent payment. These steps could include, but are not limited to, filing contempt of court charges, instituting payroll withholding with your employer, intercepting any income tax refund to which you may be entitled, and/or referring your debt to a private collection agency. Failure to comply with the Order for Cost-of-Care Contribution can bring criminal charges that carry penalties/fines up to \$500.00 or being imprisoned in the county jail up to six months, or both (Section 45-7-309, MCA).

Sincerely,

[NAME]  
Regional Administrative Officer